## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/533448

| CLAIMS AS FILED - PART I   |  |   |  |                                    |             |                                |        | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--|------------------------------------|-------------|--------------------------------|--------|---------------------|------------------------|-------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   | (Columi  | n 1)                               |             | (Column 2)                     | 7      | RATE                | FEE                    | 7     | RATE                       | FEE                    |
| BA:  | SIC FEE  |   | SMALL ENT. = \$ 150  |                                    | LAR         | GE ENT. = \$ 300               | 1      | BASIC FEE           |                        | OR    | BASIC FEE                  | <del> </del>           |
| EX/  | AMINATION FI                                   | EE  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                      |                                    |             | ther situations =              | 1      | EXAM. FEE           |                        | 1     | EXAM. FEE                  | 300                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                    | All of      | ther situations = 250 / \$ 500 |        | SEARCH FEE          |                        | 1     | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu   | minus 100 =                        |             | / 50 =                         | 1      | X \$ 125 =          |                        |       | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 22 min   | nus 20 =                           | *           | 2                              |        | X \$ 25 =           |                        | OR    | X \$ 50 =                  | 100                    |
| INDEPENDENT CLAIMS   |  |   | 2 m  | 2 minus 3 = .                      |             |                                |        | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PR                               | ESENT  |                                    |             | 회                              |        | + \$ 180 =          |                        | OR    | + \$ 360 =                 | <i>3</i> 60            |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                    |             |                                | TOTAL  |                     | OR                     | TOTAL | 1360                       |                        |
|  |  |   |  |                                    |             | (Column 3)                     |        | SMALL ENTITY        |                        | OR    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  | 20   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER<br>USLY | PRESENT<br>EXTRA               |        | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 22  | Minus  | * 20                               | )           | = 🔿                            |        | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |
|  | Independent                                    | . 2   | Minus  | ··· 3                              |             | = 0                            |        | X \$ 100 =          | _                      | OR    | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |             |                                |        | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |
| TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3)    |  |   |  |                                    |             |                                |        |                     |                        |       |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY  | PRESENT<br>EXTRA               |        | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                 |             | =                              |        | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                                |             | =                              |        | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
|  | FIRST PRES                                     | ENTATION OF M                               | ULTIPLE DEPEI  | NDENT C                            | LAIM        |                                | L      | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |
| ** (   | f the "Highest Nu                              | mn 1 is less than the                       | For IN THIS SPA  | CE is less                         | than '20'   | ', enter "20".                 | •      | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE        |                        |
|  |  | mber Previously Paid<br>ber Previously Paid |  |                                    |             |                                | in the | appropriate box     | in column 1.           |       |                            | ļ                      |